

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542135

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3		/					
4		/					
5		/					
6		/					
7		/					
8		/					
9		/					
10		/					
11		/					
12	/						
13		/					
14		/					
15		/					
16		/					
17	/						
18		/					
19		/					
20		/					
21		/					
22		/					
23		/					
24	/						
25		/					
26		/					
27	/						
28	/						
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							

TOTAL IND.

6



TOTAL DEP.

22



TOTAL CLAIMS

28



SERIAL NO.

10/542135

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

